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| (Depositor's name) | William J. Cassin |
|--------------------|-------------------|
| (Signature) | William O. Cardin |
| (Dute) | July 2, 2010 |

DATE DUE

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/615.797 07/10/2003 Norman B. Roberts 40304772

TITLE OF INVENTION: METAL COMPUNDS, MIXED OR SULPHATED, AS PHOSPHATE BINDERS

ISSUE FEE DUE

| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 07/06/2010 |
|---|----------|--|----------------|--------------|-----------------|------------|
| EXAMINE | R | ART UNIT | CLASS-SUBCLASS |] | | |
| PRYOR, ALTON N | ATHANIEL | 1616 | 424-647000 | • | | |
| Change of correspondence address or indication of "Fee Address" (27 "R. 1.65). Change of correspondence address (or Change of Correspondence Address form PTOVSB/12.2) attached. The Address' indication for "Fee Address" Indication form PTOVSB/14.7; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | ys 1 Mayer B | Mayer Brown LLP | |
| | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | to | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

INEOS HEALTHCARE LIMITED

SMALL ENTITY

4 Liverpool Road

PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE

Warrington United Kingdom WAS 1AB Please check the appropriate assignee category or categories (will not be printed on the patent). Government

| a. The following fee(s) are submitted: | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | |
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X Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2).

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Authorized Signature Willio 440 Typed or printed name William Registration No.

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